BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/487359

| (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|--|-----------------------|----------------------------------|------------------------------------|----------------|--|--------------------------------------|----|-------------------|------------------------|---------|----------------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | OR 7 | RATE | FEE |
| BASIC FEE | | | | | | | | | | 345.00 | OR | IAL | 690.00 |
| TC | OTAL CLAIMS | | _2 | a minus | 20= | * 2 | | | X\$ 9= | | OR | X\$18= | 36 |
| | DEPENDENT CL | | 3 minus 3 = | | | · 4 | | | X39= | <u> </u> | OR | X78= | _ |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | OR | +260= | ` |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | L | TOTAL | | OR | TOTAL | 726- |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | OTHER | |
| | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | REMAI AFT AMEND | | lG | | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDN | Total | * | | Minus | ** | | = | | X\$ 9= | . , | OR | X\$18= | |
| AM | Independent FIRST PRESE | NITATIC | ON OF M | Minus | ** | | = | | X39= | | OR | X78= | |
| | FINOT PRESE | INTATIC | ON OF M | OLTIPLE DE | PENI | JENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | | Δ. | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Col | umn 1) | | ((| Column 2) | (Column 3) | AL | DIT. FEE | | • ' | ADDIT. FEE | |
| AMENDMENT B | | REM Al | AIMS AINING TER IDMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | | | = . | | X\$ 9= | | OR | X\$18= | |
| AME | Independent FIRST PRESE | ALTATIC | N OF M | Minus | *** | | = | | X39= | | OR | X78= | <u></u> |
| | FINOT PRESE | INTATIC | ON OF IVI | OLITPLE DEI | PENL | DENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | | | AD | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | | umn 1) | | | Column 2) | (Column 3) | | | | | | |
| AMENDMENT C | | REM AF | AIMS AINING TER IDMEN!T | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| ME | Independent | * | | Minus | *** | | = | | X39= | | ŀ | X78= | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | X03= | | OR | A/6= | |
| • 1 | f the entry in colur | nn 1 is lo | ess than th | ne entry in colu | mn 2. | write "0" in col | lumn 3. | Ľ | 130= | | OR | +260= | |
| ** | If the "Highest Nur If the "Highest Nur The "Highest Num | nber Pre mber Pre | viously Pa eviously Pa | aid For" IN THI aid For" IN THI | S SPA S SPA | ACE is less tha ACE is less tha | n 20, enter "20." n 3, enter "3." | | TOTAL DIT. FEE | | | TOTAL DDIT. FEE | |